## Exhibit 323 (Filed Under Seal)

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     * HIGHLY CONFIDENTIAL *
 3
     UNITED STATES DISTRICT COURT
     SOUTHERN DISTRICT OF NEW YORK
 4
     Civil Action File No. 14-CV-7473
 5
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 7
     THE PEOPLE OF THE STATE OF NEW YORK, by
8
     and through ERIC T. SCHNEIDERMAN, Attorney
 9
     General of the State of New York,
10
11
                  Plaintiff,
12
13
          - against -
14
15
     ACTAVIS, PLC and FOREST LABORATORIES, LLC,
16
17
                  Defendants.
18
19
                  November 5, 2014
20
                  9:38 a.m.
21
                 Videotaped Deposition of BARRY
22
     REISBERG, pursuant to Notice, held at the
     offices of White & Case LLP, 1155 Avenue
23
     of the Americas, New York, New York,
     before Jineen Pavesi, a Registered
24
     Professional Reporter, Registered Merit
     Reporter, Certified Realtime Reporter and
25
     Notary Public of the State of New York.
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162 163 1 REISBERG - HIGHLY CONFIDENTIAL 1 REISBERG - HIGHLY CONFIDENTIAL 2 2 people, just the way people drop out Alzheimer's disease all that they can be. 3 3 because of the side effects of placebo, So one can imagine such a and more from placebo in my study than 4 situation. 5 5 from medication, the same thing can Q. And in that situation, even 6 6 happen, I'm sure it will happen, that some after you tried to explain things to the 7 7 people will think that the two is better patient, if they insisted they wanted the 8 than one, even though -- from a certain 8 twice-a-day formulation, would you 9 9 perspective two is better than one, but in prescribe it? 10 10 MS. COLE: Objection. actuality in this case two is not better 11 than one. 11 A. I would prescribe it, I would 12 So I as a doctor, to answer 12 fill out the form, just the way I have 13 your question, would endeavor first to 13 been describing that I fill out the form 14 take a rational approach and to try to 14 for -- fill out the prescription for 15 explain the risks and benefits and the 15 physical therapy and then I fill out the 16 benefits to the patient and whoever the 16 forms certifying subsequently that the 17 17 person is, the caregiver, for example, why person needed the physical therapy when 18 one is actually better than two here. 18 they fax them to me and just the way I 19 But at a certain point, one 19 fill out forms, I have someone -- I have 20 wants to make the patient -- you have two 20 more elaborate forms that I fill out for 21 21 patients, one is the person with my patients, I have someone who is in a 22 Alzheimer's disease, the other is the 22 kind of nursing facility and I have to 23 primary caregiver, if you will, and you 23 fill out forms for that person in terms of 24 24 not only doing everything I just said, but need to make the primary caregiver happy, 25 25 you need to make the person with also in terms of the facility form, they 164 165 1 1 REISBERG - HIGHLY CONFIDENTIAL REISBERG - HIGHLY CONFIDENTIAL 2 2 medical goals and physicians need to want a separate form, not just everything 3 3 pursue those goals under all that I just said, but in addition to that, 4 4 circumstances, that's the job of medicine. a facility form, just the way I fill out 5 other forms, right. 5 And as I have been explaining, 6 6 Doctor, it is your opinion that we have tried in many, many different 7 7 ways, reaching out beyond what's the Namenda instant-release formulation is 8 8 considered the professional boundaries, remarkably safe and effective, I think you 9 9 speaking now of ourselves, myself and my used that phrase? 10 10 MS. COLE: Objection, misstates collaborators, to maximize the person's 11 11 prior testimony, vaque. capacities and health and well-being. 12 12 But in medicine more generally Α. Yes. 13 13 Business or financial reasons we try to help our patients and those are Q. 14 14 the reasons why the extended-release aside, can you think of any strictly 15 15 medical reason to restrict the access, medication is better than the IR or the 16 16 restrict patient access, to Namenda IR instant-release medication. 17 17 through the specialty pharmacy program? Q. But is that in itself a reason 18 MS. COLE: Objection, vague, 18 to restrict patient access to the IR 19 19 lacks foundation. formulation? 20 20 Yes, as I have been saying, MS. COLE: Objection, lack of 21 21 minimizing amounts of medication, foundation, vague, incomplete 22 22 maximizing compliance by minimizing the hypothetical. 23 23 amount of medication, minimizing agitation Α. I believe, yes, in the same 24 24 which is associated with many, many sense that I have been alluding to before. different kinds of adverse outcomes, are 25 We don't make an Aricept

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1 REISBERG - HIGHLY CONFIDENTIAL 2 twice-a-day because it is not good for 3 patients. 4 Nobody moves into the 5 marketplace with a twice-a-day formulation 6 because it would be considered 7 deleterious, it would simply be considered 8 deleterious. 9 Certainly medically, I don't 10 speak for the FDA, but nobody is so 11 foolhardy as to do that. 12 Same thing for the Excelon 13 Patch, nobody is trying to move into the 14 marketplace with an Excelon patch that you 15 have to give twice-a-day. 16 So medically we try to do 17 things that are advantageous for our 18 patients and in this case, patients and 19 caregivers, there is always a wider aspect 20 to those statements. 21 Q. Do you know whether a generic 22 version of Namenda IR will become 23 available? 24 MS. COLE: Objection, vague, 25 lack of foundation.  1 REISBERG - HIGHLY CONFIDENTI. 2 A. I believe I do, I believe I do. 4 MS. COLE: Objection, vague 8 A. I believe I do. 6 Q. When would that be? 7 MS. COLE: Objection, vague 8 A. I believe it would be approximately July of 2015, approxim 10 July of 2015. 11 Q. Do you recall how you obta that information? 12 A. I believe it would be approximately July of 2015, approxim 14 Information? 15 A. I believe I do. 6 Q. When would that be? 7 MS. COLE: Objection, vague 16 Q. Do you recall how you obta that information? 18 A. I believe I do. 9 Do you recall how you obta that information? 19 A. I believe I do. 10 Q. Do you recall how you obta that information? 10 July of 2015. 11 Q. Do you mean the complaint maybe that was at the beg of your materials considered? 18 MS. COLE: Objection, vague 19 A. The attorney - you're representing the Attorney General? 20 Q. Correct. 21 Q. Correct. 22 A. So I said your report in that context, so this was	vhen?
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1 REISBERG - HIGHLY CONFIDENTIAL 1 REISBERG - HIGHLY CONFIDENTIA	AL
2 drug company? 2 lack of foundation.	
3 MS. COLE: Objection, misstates 3 A. To some extent; I will leave	it
4 prior testimony, lacks foundation, vague. 4 at that, to some extent.	
5 A. Definitely not from a generic 5 Q. Doctor, are you aware of ar	ıy
6 drug company. 6 studies to support the proposition that	it it
7 Q. Do you ever get information or 7 is safe to convert patients from the	
8 marketing materials directly from generic 8 extended-release formulation to the	
9 drug companies? 9 immediate-release formulation?	
10 MS. COLE: Objection, vague, 10 MS. COLE: Objection, vague	<b>'</b> ,
11 lacks foundation.	
12 A. It is a very comprehensive 12 A. From the extended to the	
13 statement.	
14 Let me say that I don't focus 14 Q. Correct.	
15 my attention on that issue, I haven't 15 A. No.	
16 researched that issue and it is very hard Q. In your practice, have you	
17 to say when something doesn't occur that 17 had a patient specifically ask you about 19 had a patient specific specifically ask you about 19 had a patient specific s	ut
18 you haven't focused attention to or 18 the availability of generic drugs?	
19 researched. 19 MS. COLE: Objection, vague	·,
20 But I am not aware of getting 20 lack of foundation.	
21 such information. 21 A. I discuss course consideration 22 O. Do you receive marketing 22 with my patients.	
22 Q. Do you receive marketing 22 with my patients. 23 materials or information from branded drug 23 I'm not sure I have no	ons
24 companies? 24 specific recollections, but that would	ons
24 Companies?   24 Specific recollections, but that would   25   MS. COLE: Objection, vague,   25   within the purview of what I do, in of	

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